## FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 ABRRE - OSE OAM 8: 11

		<del></del>	
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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Committee it	rior i Enlect		
ADDRESS (number and street)	P101 B101X1 119	603	
☐ <b>(Check if address</b> is changed)			
	Enditianapic city	ntiis	TN 46219- ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS			
(Check if address is changed)	PP BEAN SIT	a, f, f, @we harm	OIN. COM
)	Optional Second E-Mail Ac	ldress	ı
COMMITTEE'S WEB PAGE ADDRESS (URL)			
	www.wehav	TMO, no Gami	
·			
2. DATE $0^{4}$ $0^{7}$ $2^{7}$ $2^{7}$			
3. FEC IDENTIFICATION NUMBER ► [COO, 4, 9, 6, 6, 5]			
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer MCQUILYN J. Papp			
Signature of Treasurer	ocap. ). T		Date 04 2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only		For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	CCL CUBW I